



System of Care Wraparound: Mapping Qualitative Comments in Accordance with the Team Observation Measure

The *Team Observation Measure* (TOM) is a tool that is designed to measure whether the phases and activities of a given Wraparound planning process (i.e. Family Planning Meeting) are 1) present/ absent during a meeting and 2) delivered in accordance with the 10 System of Care principles. This report analyzes qualitative comments from caregivers (N=77) that participated in the longitudinal study from January 2007 to present. Data was sourced from a series of open-ended qualitative questions provided via the *Family Participation Survey* (FPS) at various follow up timepoints (6-months, 12-months, and so on). Comments about the Wraparound process have been categorized in accordance with indicators of quality Wraparound implementation from the TOM. Square brackets indicate a change that has been made to the comment in order to protect confidentiality. Words appearing in round brackets have been added to provide interpretive context. It is worth noting that caregivers *may or may not* have responded to the open ended questions at all timepoints within the data collection window.

SOC PRINCIPLE	TOM INDICATOR OF QUALITY WRAPAROUND IMPLEMENTATION	CORRESPONDING CAREGIVER COMMENT FROM THE FPS
TEAM BASED	1. Team Membership & Attendance a. Parent/caregiver is a team member and present at the meeting. b. Youth (over age 9) is a team member and present at the meeting. c. Natural supports for the family are team members and present. d. Key school or other public stakeholder agency representatives are present.* e. Key service providers are team members and are present.*	<i>They are a good thing. It's nice that they can get everybody together and talk.</i>
	2. Effective Team Process a. Team meeting attendees are oriented to the wraparound process and understand the purpose of the meeting. b. The facilitator assists the team to review and prioritize family and youth needs. c. Tasks and strategies are explicitly linked to goals.* d. Potential barriers to the nominated strategy or option are discussed and problem-solved.	<i>I like it because [Care Coordinator] is really flexible and open and has a lot of good ideas and suggestions. The whole team works well together. We all agree and then we (the family) do it. [Care Coordinator] is a wonderful worker. She focuses on our needs.</i> <i>The more often you attend then the better your input is considered as a group; everybody getting the same understanding of where the goal is.</i> <i>Just very thankful - they were a great team to work with.</i> <i>They are painful because they feel manipulative - it's hard to talk about the kid as if [he/she's] not there. Too driven by forms - it feels very process oriented and formulaic - intellectually we understand it, but this is how we feel about it.</i>

COLLABORATIVE	3. Facilitator Preparation	<p>a. There is a clear agenda or outline for the meeting, which provides an understanding of the overall purpose of the meeting and the major sections of the meeting.</p> <p>b. The meeting follows an agenda or outline such that team members know the purpose of their activities at a given time.</p> <p>c. The facilitator has prepared needed documents and materials prior to the meeting.</p> <p>d. A plan for the next meeting is presented, including time & date.</p>	<p><i>[Care Coordinator] always called beforehand to find out what we wanted to talk about and what was on the agenda - so we were in control of the meeting. It was family driven and I liked that.</i></p> <p><i>(Have a) written component that family could fill out ahead of time (before an FPM). It gives the facilitator a chance to make sure it hits the agenda. It's less intimidating to write it down in private than to put things out there in a room full of professionals. It's less "us against them".</i></p>
	4. Effective Decision Making	<p>a. Team members demonstrate consistent willingness to compromise or explore further options when there is disagreement.</p> <p>b. Team members reach shared agreement after having solicited information from several members or having generated several ideas.</p> <p>c. The plan of care is agreed upon by all present at the meeting.</p> <p>d. The facilitator summarizes the content of the meeting at the end of the meeting, including next steps and responsibilities.</p>	<p><i>They had already made decisions before the meeting.</i></p> <p><i>I think they were extremely important and helpful because you got viewpoints from different individuals that work with my child. This enabled the team to come up with a plan of action that fit my child's needs and enabled [him/her] the opportunity for mental growth.</i></p>
INDIVIDUALIZED	5. Creative Brainstorming and Options	<p>a. The team considers several different strategies for meeting each need and achieving each goal that is discussed.</p> <p>b. The team considers multiple options for tasks or action steps.</p> <p>c. The team uses a structured process or procedure to generate options or choices.</p> <p>d. The facilitator leads a robust brainstorming process to develop multiple options to meet priority needs.</p>	<p><i>I like it because [Care Coordinator] & all the people are working together to give me ideas on how to deal with my child and to work with my child. Everybody's together - all the team working together at one time. I'm really excited to be on this team. There are more ideas & choices from more people together.</i></p> <p><i>In some ways be a little more flexible, which I know is hard. Some people even with the best of intentions have trouble with transportation or are just having a bad day.</i></p> <p><i>I like it because everyone has different opinions and ideas, and I have more choices for me and my family.</i></p>
	6. Individualized process	<p>a. Planning includes action steps or goals for other family members, not just identified child.</p> <p>b. Facilitator and team members draw from knowledge about the community to generate strategies and action steps based on unique community supports.</p> <p>c. Team facilitates the creation of individualized supports or services to meet the unique needs of child and/or family.*</p> <p>d. Youth, caregiver, & family members give their opinions about potential services, supports, or strategies; including describing what has or has not worked in the past.</p>	<p><i>Already do a lot like: they come at special times, work around my schedule, in the home is more comfortable.</i></p> <p><i>In the beginning: it was a really short stint because two of [his/her] goals were met and the third was enforced. This time it was based around my child.</i></p> <p><i>This organization is the best one. They support my needs, they help me get the right and better information, and better life skills. It's the best program.</i></p> <p><i>They didn't make me do anything I didn't want to do.</i></p> <p><i>It was the only place where we could be heard and treated with respect.</i></p> <p><i>It was a big commitment to do every week. We're just really busy. Sometimes it seemed more stressful to try to figure in that block of time. Maybe a conference call would have helped?</i></p>

NATURAL SUPPORTS	7. Natural and Community Supports	<p>a. Team provides multiple opportunities for natural supports to participate in significant areas of discussion.</p> <p>b. Community team members and natural supports participate in decision-making.</p> <p>c. Community team members and natural supports have a clear role on the team.*</p>	<i>They've been a good thing- it really gives my child a chance to express [him/herself]. It also gives my child a chance to see [his/her] parents working together.</i>
	8. Natural Support Plans	<p>a. Brainstorming of options and strategies include strategies to be implemented by natural and community supports.</p> <p>b. The plan of care represents a balance between formal services and in formal supports.*</p> <p>c. There is flexible funding available to the team to allow for creative services, supports, and strategies.</p>	No comments in database.
PERSISTENCE	9. Team Mission and Plans	<p>a. The team discusses or has produced a mission/vision statement.</p> <p>b. The team creates or references a plan that guides its work.</p> <p>c. The team has confirmed or is creating a crisis plan.*</p> <p>d. The team plan contains specific goals that are linked to strategies and action steps.*</p>	<i>[Agency] didn't do a safety plan - no transition -[he/ she] came home without all the pieces in place -[agencies] each thought the other was handling it as a result there were significant problems with my child when [he/she] first got back home.</i>
	10. Shared Responsibility	<p>a. The team explicitly assigns responsibility for action steps that define who will do what, when, and how often.*</p> <p>b. There is a clear understanding of who is responsible for action steps and follow up on strategies in the plan.</p> <p>c. Providers and agency representatives at the meeting demonstrate that they are working for the family and not there to represent a different agenda or set of interests.</p> <p>d. Team members communicate outside of team meetings about completion of action steps or accomplishment of plan strategies.</p>	<p><i>With everything that's been going on with my child, they (SOC staff) have rearranged their schedules and made themselves available after hours. They definitely have done above and beyond. They were amazing. They've done everything they can to help my child get through this ok.</i></p> <p><i>I really wish follow-up was different, because they were really great.</i></p> <p><i>They (Wraparound Meetings) were fine until we were dropped from SOC, and we won't have anymore.</i></p> <p><i>SOC never checked back in with my family to see how we're doing.</i></p> <p><i>Better long term follow up (SOC specifically). Recognizing developmental milestones in a child's life as a time to reconnect with families (i.e. puberty). Every 6-12 months check in with the family.</i></p> <p><i>Lack of open communication wasn't until the end. My therapist didn't let us know [he/she] was leaving the agency, leaving me to be the bearer of bad news to my kids. Also, I wasn't told until one month after I was dropped from the SOC program.</i></p> <p><i>Towards the end was the one on one with the mentor, (which) was very important and very useful, so to not have that decreased the extra potential for mental growth.</i></p> <p><i>More immediate feedback or communication, especially around transitioning out of</i></p>

		<p><i>SOC.</i></p> <p><i>Promote more of the family pieces... Use more of the family peers. The hardest part of the whole program is the transition from SOC services to mental health services. It can lead to failures, less transitions is better for the youth.</i></p> <p><i>Once youth have graduated from SOC, they should check in every 6 months to see how things are going and see if any support can be offered, especially at developmental milestones.</i></p> <p><i>I feel like there should be more 'grace period' of 3-6 months. If there was a recurrence of behavior, there was a way to reconnect with people who knew my child's case.</i></p>
CULTURAL COMPETENCE	<p>11. Facilitation Skills</p> <ul style="list-style-type: none"> a. The facilitator checks in with the team members about their comfort and satisfaction with the team process. b. Facilitator is able to impart understanding about what the wraparound process is, how it will work for this family, and how individual team members will participate. c. Facilitator reflects, summarizes, and makes process-oriented comments. d. Facilitator is able to manage disagreement & conflict and elicit underlying interests, needs, and motivations of team members. e. Talk is well distributed across team members and each team member makes an extended or important contribution. 	<p><i>It was comfortable and they were very kind and it felt safe.</i></p> <p><i>There was a sense that the FPMs had to take place due to Federal requirements. It felt orchestrated. This is not saying anything about the process, it felt...produced... I also think it's really difficult for (early teens) to sit in a group of adults and have a voice. I'm not sure I buy into that. I'm sure it varies from kid to kid. They include my child, but talk around my child at the same time.</i></p> <p><i>It was very comprehensive, which will be very beneficial. The planning includes the WHOLE family which I think is going to be very helpful.</i></p>
	<p>12. Cultural and Linguistic Competence</p> <ul style="list-style-type: none"> a. The youth, caregiver, and family members are given time to talk about the family's values, beliefs, and traditions. b. The team demonstrates a clear and strong sense of respect for the family's values, beliefs, and traditions. c. Team members do not hold "side-bar" conversations that do not include the youth and family. d. Meetings and meeting materials are provided in the language the family is most comfortable with. e. Members of the team use language the family can understand. 	<p>No comments in database.</p>

OUTCOMES BASED	<p>13. Outcomes Based Process</p> <ul style="list-style-type: none"> a. The team has or sets goals with objective measurement strategies.* b. The team assesses goals/strategies using measures of progress. c. The team revises the plan if progress toward goals is not evident. 	<p><i>I think that they are very helpful and very understanding and they are able to come up with a plan that meets the needs of the family. The staff are very understanding.</i></p> <p><i>I don't think the FPMs serve any purpose; we never came to any conclusion.</i></p> <p><i>I thought they were very helpful. We sat down and try to make a goal. My child might not follow-through with it, but they were there to help.</i></p>
	<p>14. Evaluating Progress and Success</p> <ul style="list-style-type: none"> a. The team conducts a systematic review of members' progress on assigned action steps.* b. The team sets or reviews progress on measurable outcomes that are included in the plan. c. Objective or verifiable data is used as evidence of success, progress, or lack thereof. 	<p><i>With the academic end, I didn't feel that they followed through with what they said they were going to do. The emotional support/behavioral help was great. I'm just disappointed with academics.</i></p>
VOICE AND CHOICE	<p>15. Youth and Family Voice</p> <ul style="list-style-type: none"> a. The team provides extra opportunity for caregivers to speak and offer opinions, especially during decision making. b. The team provides extra opportunity for the youth to speak and offer opinions, especially during decision making. c. Caregivers, parents, and family members are afforded opportunities to speak in an open-ended way about current and past experiences and/or about hopes for the future. d. The youth is invited to speak in an open-ended way about current and past experiences and/or about hopes for the future. 	<p><i>Access to psychiatrist makes it difficult - no dialogue. (It's a) very one way street - (I'm) supposed to be grateful for the few minutes we get with him. (There is) very little dialogue about benefits/negative side effects. (I) would like to feel capable of assimilating information and being equal partners.</i></p> <p><i>Taking the parent's opinions a little more to heart. It's like we're on this road and they're on that road and there they go. Sometimes they think they know what's best and you can't impact that.</i></p> <p><i>Make sure they stay on the same level as the family. No professional verses the client, more of an equal mindset. A lot of people are intimidated by professionals in this field so they tend to listen and to follow through.</i></p> <p><i>Just listen to the parents more and take their opinions into account instead of just saying how it is - just letting the parents voice their opinion more.</i></p>
	<p>16. Youth and Family Choice</p> <ul style="list-style-type: none"> a. The youth prioritizes life domains, goals, or needs on which he or she would like the team to work. b. The caregiver or parent prioritizes life domains goals, or needs on which he or she would like the team to work. c. The family and youth have highest priority in decision making. 	<p><i>Many decisions have been made over the past few months without my involvement and without the involvement of my wraparound team.</i></p> <p><i>Include (families) in the decision making and ask their opinion. Include them in top level when they make rules/regulations regarding children.</i></p> <p><i>No, they (service planning) are pretty ok. I don't have much say about the type of medication they want [him/her] to try. And when I disagreed, I get bombarded.</i></p> <p><i>For the most part, it's (service planning) been helpful. But there was one instance when my parental instinct was not supported.</i></p> <p><i>They aren't listening to our safety concerns. The brainstorming concept worked, the willingness of the child to participate was not there. It took a while for the support group</i></p>

		<p><i>meeting to be explained.</i></p> <p><i>I didn't feel that either one of my children was ready to graduate but they insisted on it.</i></p> <p><i>More of them to consider parents' opinions even though they may not have a degree.</i></p> <p><i>We have disagreed with what needs to be happening and it hasn't carried any weight.</i></p> <p><i>They suck. They think that because they are the educators and I am the parent that they know more.</i></p> <p><i>I think SOC has it covered. I think they are doing fine, maybe a little less patronizing.</i></p> <p><i>They do talk down to parents a little bit.</i></p> <p><i>Spend more time listening to the parents or caregiver and validate their concerns rather than taking a superior stance.</i></p>
STRENGTHS BASED	<p>17. Focus on strengths</p> <ul style="list-style-type: none"> a. Team members acknowledge or list caregiver/youth strengths. b. Team builds an understanding of how youth strengths contribute to the success of team mission or goals. c. In designing strategies, team members consider and build on strengths of the youth and family. d. Facilitator and team members analyze youth & family member perspectives and stories to identify functional strengths. 	<p><i>Sometimes (we) just worked at cross purposes. The team supported the youth as an individual rather than the family as a unit.</i></p>
	<p>18. Positive team culture</p> <ul style="list-style-type: none"> a. The team focuses on improvements or accomplishments throughout the meeting. b. The facilitator directs a process that prevents blame or excessive focus on or discussion of negative events. c. The facilitator encourages team culture by celebrating successes since the last meeting d. Serious challenges are discussed in terms of finding solutions, not termination of services or sanctions for the family. e. There is a sense of openness and trust among team members. 	<p><i>I think they are really great - informative and they do listen. Everybody's goal is to make my child feel more comfortable.</i></p> <p><i>I think it was extremely insightful and helpful. They helped me to see things I didn't see and where I was wrong, and how to work from there.</i></p>

COMMUNITY-BASED	<p>19. Community focus</p>	<p>a. The team is actively brainstorming and facilitating community activities for the youth and family.*</p> <p>b. The team prioritizes services that are community-based.</p> <p>c. The team prioritizes access to services that are easily accessible to the youth and family.</p>	<p>No comments in database.</p>
	<p>20. Least Restrictive Environment</p>	<p>a. The team's mission and/or identified needs support the youth's integration into the least restrictive residential and educational environments possible.*</p> <p>b. When residential placements are discussed, team chooses community placements for the child or youth rather than out-of-community placements, wherever possible.</p> <p>c. When educational options are discussed, team chooses the most normative options possible for the child or youth.</p> <p>d. Serious challenges are discussed in terms of finding solutions, not placement in more restrictive residential or educational environments.</p>	<p>No comments in database.</p>